

Franklin Care Group Limited

# Fieldhouse Care Home

## Inspection report

Spinners Green  
Rochdale  
OL12 6EJ

Tel: 01706632555

Website: [www.fieldhousecarehome.co.uk](http://www.fieldhousecarehome.co.uk)

Date of inspection visit:

18 October 2023

19 October 2023

25 October 2023

06 November 2023

Date of publication:

04 January 2024

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Fieldhouse Care Home is a residential care home providing accommodation for persons who require nursing or personal care to up to a maximum of 42 people. Accommodation is provided over 2 floors, with lift access. There are shared lounges, bathrooms and dining areas and a secure outside garden area. The service provides support to older people, including people living with dementia. At the time of our inspection 40 people were using the service.

### People's experience of the service and what we found:

People's medicines were not always managed safely. Governance arrangements were not robust. Accurate and up to date care records were not always maintained. Building related health and safety checks had been completed but infection control procedures were not always being followed. Improvements were needed to the design and decoration of the service.

We have made recommendations about developing dementia friendly environments, prioritising record keeping, staff training training and maintaining a Deprivation of Liberty Safeguards (DoLS) tracker.

There were enough staff on duty to meet people's needs. Staff were recruited safely to ensure they were suitable to support people living at the home. Staff had received safeguarding training and people felt safe living at the home.

People and their relatives had not always been involved in the care planning process and care plans needed to be reviewed to ensure they were accurate. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Further improvements were needed to systems for auditing, assessing, monitoring, and improving the quality and safety of the service. Policies and procedures were in place to guide staff. Staff felt able to approach the management team with concerns. The provider had a development plan which they were working towards to improve the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for the service under the previous provider was good, (published on 21 August 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Enforcement [and Recommendations]

We have identified breaches in relation to safe care and treatment and good governance. Please see the action we have told the provider to take at the end of this report.

We recommend the provider consults best practice guidance on developing dementia friendly environments.

We recommend the provider prioritises record keeping, ensuring people's care records are all up to date.

We recommend the provider keeps an accurate and up to date Deprivation of Liberty Safeguards (DoLS) tracker, including identifying any conditions that may be attached to authorisations.

We recommend the provider prioritises staff training in supporting people living with a learning disability and/or autistic people.

#### Follow Up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement**



### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement**



### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good**



### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement**



### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement**



# Fieldhouse Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 2 inspectors, 1 medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Fieldhouse Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Fieldhouse Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and other professionals who work with the service. We used the information the

provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with the provider, the registered manager, the deputy manager, the cook, 2 senior care staff, the activities coordinator and 4 care staff.

We spoke with 10 people who used the service and 4 visiting relatives about their experiences of the care provided. We reviewed a range of records including 4 people's care records, risk assessments, medication administration records and associated documents. We observed care in communal areas and the dining room.

We looked at 4 staff personnel files including recruitment records. We looked at staff training and supervision records. We reviewed records relating to the management of the service, including audits and a variety of policies and procedures.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

People were supported to receive their medicines in a way that was not always safe.

When people had their medicines covertly, hidden in food or drink, the required documented evidence of authorisation to give their medicines in this way was not always in place, therefore we were not assured people were given their medicines safely.

Records to show topical preparations such as creams were being applied were not always completed; therefore, we were not assured people's skin was cared for properly. Records for adding thickening powder to drinks, for people who have difficulty swallowing, were not always completed therefore we could not be assured people were safe from the risk of choking.

We found the site of the application of topical patches was not always recorded; therefore we were not assured the patch site was rotated in accordance with the manufacturer's instructions, this meant people were at risk of skin irritation. Information to support staff to safely administer 'when required' medicines was not always in place, therefore there was a risk people might not get their medicines when they needed them.

The system used to audit the medicines at the home did not capture or identify issues found during the inspection.

Medicines were not always managed safely. This placed people at risk of harm. This was a breach of Regulation 12 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

### Assessing risk, safety monitoring and management

The provider did not always assess risks to ensure people were safe.

Staff did not always take action to mitigate any identified risks. Several people's risk assessments had not been reviewed and updated as required; this placed people at increased risk of harm.

There were personal emergency evacuation plans for 22 people who no longer lived at the home, and 17 people who lived at the home did not have any emergency evacuation plan. We determined no harm had occurred as a result and the deputy manager took action during the inspection to update people's records. We have reported more on this in the well-led section of this report.

Systems were either not in place or robust enough to demonstrate safety and records relating to risk was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Environmental risks had been assessed and reviewed. Staff had completed the appropriate mandatory training to keep people safe and understood where people required support to reduce the risk of avoidable harm. A relative told us, "We had an assessment done and with [person] which was more in-depth with the home, and the local authority did an assessment which I was involved in and the senior carer; staff know [person's] needs."

#### Learning lessons when things go wrong

The provider did not always learn lessons when things had gone wrong.

The provider had not learned from issues we identified at another care home owned by them, following a recent inspection. We found the same issues at this inspection regarding the safe management of medicines, maintaining accurate and up to date records, and the need for more robust quality assurance systems.

There was no evidence of people and relative's formal engagement, such as an annual quality questionnaire being sent in 2023. There were leaflets for 'carehome.co.uk' in the entrance hallway and some recent positive feedback on the website. A relative told us, "I understand there has been a new provider, but I have not seen much difference since they have taken over."

#### Systems and processes to safeguard people from the risk of abuse and avoidable harm

People were safeguarded from abuse and avoidable harm.

The provider had policies and procedures for safeguarding and whistleblowing to protect people from the risk of abuse. Staff received training in safeguarding adults and children.

People told us they felt safe living at the home. A person said, "I do feel safe here. If I need them [staff] I ring for them and they come quite quickly, and I will say something if it's not right. The carers are alright; I have a laugh with them." A relative told us, "[Person] now needs care so it gives me peace of mind that [person] is here. I find the atmosphere really comfortable, and I like it. [Person] has had no accidents since being here, so I feel [person] is safe."

#### Staffing and recruitment

The provider ensured there were sufficient numbers of suitable staff. A dependency tool was used to calculate safe staffing numbers.

The provider operated safe recruitment processes. We reviewed 4 staff files in relation to recruitment and no concerns were noted. All required employment checks were completed, and documents contained within files. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

People were not always protected from the risk of infection as staff were not consistently following safe infection prevention and control practices.



Communal slings were stored touching each other in a downstairs bathroom and were at risk of cross contamination and exposure to airborne pathogens. Sling washing records did not show all slings were washed regularly.

Some staff had long fingernails, contrary to positive hand hygiene guidance. Spot checks of staff hand hygiene had not identified this issue. We have reported more on this in the well-led section of this report.

The home was clean, and domestic staff worked hard to mitigate infection control risks, however, some areas of the home could not be thoroughly cleaned due to the poor condition of equipment, such as baths, toilets, and flooring. Some areas needed redecoration. The kitchen needed refurbishing in accordance with a recent food hygiene rating inspection. The provider recognised the need for improvements; shortly after the inspection the provider sent us a refurbishment plan with identified dates for improvement works to start.

The Infection Prevention and Control file not been updated since 2018 and the last IPC audit was for August 2023. A relative told us, "The home is probably not as modern as other places, but I find it creates more of a homely feel. It's as good as it could be for [person]."

#### Visiting in Care Homes

People were able to receive visitors without restrictions in line with best practice guidance.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent

Assessing people's needs and choices; delivering care in line with standards, guidance and the law  
People's needs were not always assessed, care and support was not always delivered in line with current standards.

Some people's risk assessments and care plans had not been updated each month, or were absent for some people, for example, regarding personal care and oral healthcare, therefore we could not determine if care had always been provided as required.

We recommend the provider prioritises record keeping, ensuring people's care records are all kept up to date.

Staff support: induction, training, skills and experience

The provider did not always make sure staff had the skills, knowledge and experience to deliver effective care and support.

Staff had completed various training courses to provide them with the skills and knowledge required to meet people's needs. However, staff had not completed training in supporting people living with a learning disability and/or autistic people, which was a new legal requirement, introduced by the Health and Care Act 2022; from 1 July 2022, all health and social care providers registered with CQC must ensure that their staff receive training in how to interact appropriately with people who have a learning disability and autistic people, at a level appropriate to their role.

An NHS professional showed us dates of training which had been offered to the home but not accepted; these included training on advance care planning and end of life care, common infections, pressure area care and skin care.

Staff were required to complete a period of induction when they first commenced employment to ensure they had an understanding of what was required within their role. One staff member told us, "I had an induction and was put forward to complete NVQ 3 in care. During induction I looked at policies and did training; some training was on-line and some training like moving and handling was face-to-face."

We recommend the provider prioritises staff training in supporting people living with a learning disability and/or autistic people.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

People were supported to eat and drink enough to maintain a balanced diet.

People were consulted about menu choices and at the time of the inspection a new menu was being developed based on people's feedback. A person told us, "I am on a diet and sometimes I want something different for tea." We saw this person called the cook over and asked if [they] could have a salad for tea instead of what [person] had previously chosen. The cook confirmed this and went through a number of options and choices about what [person] would like with [their] salad.

The provider worked effectively within and across organisations to deliver effective care, support and treatment. People were supported to live healthier lives, access healthcare services and support.

Staff monitored people's health and wellbeing and supported them to access healthcare services, where necessary. A relative said, "When [person] was unwell the care home rang me and were on the phone to me several times during the day asking if I wanted them to take [person] to hospital and a member of staff went with [person] to hospital. The district nurse cleans and creams [person's] legs and when [person] has a bath they soak [person's] legs for [them]."

People's care plans contained important information relating to any equipment required. Where people had an identified health and social care professional involved, details were recorded within their care plan.

Staff worked alongside other health and social care professionals to achieve better outcomes for people. People were supported by staff to seek medical attention where needed. Referrals were also made to health and social care professionals when required. A person told us, "The staff give me my medication and will call the doctor if needed."

Adapting service, design, decoration to meet people's needs

People's individual needs were not always met by the adaption, design and decoration of the premises.

Some adaptations had been made to the environment to meet people's needs. However, further improvements were needed to improve the home for people living with dementia, such as using better signage, using more easily recognisable disability aids, changing the decoration and flooring.

There was some signage around the home, which helped promote people's awareness of where they were. Bedroom doors had items of personal interest on them which helped people to orientate to their own bedroom.

The provider had a refurbishment plan in place, which identified areas for improvement to be completed over a 12 month phased period. This included replacing bedroom doors, redecorating bedrooms, replacing bedroom flooring, replacing lighting in communal areas and corridors, replacing communal bathrooms and toilets.

We recommend the provider consults best practice guidance on developing dementia friendly environments.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

The provider was not always working in line with the Mental Capacity Act. Required documented evidence of authorisation to give covert medicines was not always in place.

People had MCA assessments in place. Staff had received training in MCA. Staff considered capacity and consent when supporting people and took time to explain what they were doing and/or asked people what they would like staff to do for them.

The provider did not complete a DoLS tracker, to assist with ensuring all required authorisations were up to date and in place. The registered manager told us the local authority kept a track of the status of people's DoLS and informed the registered manager when any new activity was due.

We recommend the provider keeps an accurate and up to date DoLS tracker, including identifying any conditions that may be attached to authorisations.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity Supporting people to express their views and be involved in making decisions about their care  
People were supported to express their views and make decisions about their care.

Staff knew people well and supported them based on their needs, preferences, and choices. Staff delivered care and support in a non-discriminatory way and respected the rights of people with a protected characteristic. A person said, "I like it here, I like the people. Everyone is kind here the girls [staff] are nice and polite; they all talk to you they make you feel comfortable and homely. They [staff] are patient with us and look after us well. You can do as you please and join in with things if you want to. I like the food its good and we get a choice. I have absolutely no complaints but would say something if I did have."

We observed many instances where staff demonstrated a caring attitude towards people as well as offering practical support. Staff had a good knowledge and insight into the needs of the people they supported and a friendly rapport with their relatives. Staff asked for consent before supporting people.

Staff had received training in equality and diversity and were committed to ensuring people had equal opportunities. A person told us, "It's brilliant, it's superb, I have no grumbles. The carers are very patient with us we never feel rushed, and we can do what we want. I feel very safe, I have never had to complain, and we can have a good natter and a laugh with them [staff]."

Respecting and promoting people's privacy, dignity and independence  
People's privacy, dignity and independence were respected and promoted.

Staff understood the importance of respecting people's privacy and supporting them to be an independent as possible. People told us they felt very respected by staff and were complimentary about how staff managed the support they gave to them and felt very well looked after.

Staff promoted people's independence and had completed training in dignity in care. Support plans described what people could do for themselves and staff prompted this to ensure independence was maintained. A person told us, "I dress and shower myself and I can shower when I want. I like to watch TV and I go to bed when I want to. The carers are very good, very kind, and look after us very well."

We witnessed staff speaking to people and asking permission to support them. People were spoken to in a kind and respectful manner. Staff were caring in their attitude and approach and were very interactive with

people. A person told us, "I have a choice as to whether I want a female or male carer; they [staff] will ask you. The laundry lady is absolutely brilliant, I call her the mistress of the robes, she is really good and puts all my clothes away for me. I can have a drink whenever I want and they [staff] brought me in a small fridge to have in my room. I am a very organised person. I have my own snacks and drinks in my fridge, so the carers get them out for me. There is nothing that I would change about this home."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

People were supported as individuals, in line with their needs and preferences.

People were supported to have choice and control over their support, however, up to date risk assessments had not always been completed for every person, which placed them at risk of not receiving person centred care. We determined no harm had occurred as a result and the deputy manager took action during the inspection to update people's records. We have reported more on this in the well-led section of this report.

We recommend the provider prioritises record keeping, ensuring people's care records are all kept up to date.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

The provider was meeting the Accessible Information Standard. People's communication needs were understood and supported.

The registered manager understood the need to ensure people were able to access information in a format suitable for them. People had communication care plans in place, including any factors which may hinder communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

People were supported to maintain relationships, follow their interests and take part in activities that were relevant to them.

People told us they had activities which they could join in such as domino's, jigsaws, parties, and events going on. Staff and relatives supported people to access the community. A person told us, "The hairdresser comes in each week, and I like to get my hair done. The carers take me out to Asda shopping as I like to get out. I choose my own clothes and what I do. The staff look after me very well. I am going out in a few months

to [location name]."

During the inspection a local church choir came in to celebrate Harvest. There were lots of Halloween decorations in preparation for a Halloween party the following week. The activities coordinator told us about a pub quiz afternoon the following day with drinks and nibbles; there was a pub Muriel on the wall to resemble being in a pub environment.

The activity coordinator produced a 4 weekly plan of activities, after discussing preferences with people. A trip to Blackpool illuminations was being planned, and for those people who could not go to Blackpool staff were 'bringing Blackpool in' to them via a screen on the wall. One person told us there was a greenhouse outside to grow vegetables in. The activity coordinator showed us how they used people's personal photographs to create and make up jigsaws for people, using 9 pieces. Scrap books were kept of different activities people had taken part in.

Improving care quality in response to complaints or concerns

People's concerns and complaints were not always listened to, responded to and used to improve the quality of care.

There was no complaints file available, and the deputy manager told us they were not aware there was a complaints file in place. After the inspection the registered manager sent us an audit of complaints for July 2023 and August 2023 identifying only 2 minor complaints had been received and resolved.

A person told us, "I feel comfortable here and I would feel comfortable to say something if I was unhappy about anything." A relative said, "I have no complaints at all. The staff keep me informed but I talk to them all the time. The staff are quite consistent, and I do think there is enough staff around. If I had any complaints I would speak to the manager, but I have nothing to complain about." A complaints policy and procedure was available, and this explained the process people could follow if they were unhappy with the service they received.

End of life care and support

People were supported at the end of their life to have a comfortable, dignified and pain free death.

Care plans had a section to record the end of life care wishes and needs of people, where they had been willing to discuss these. However, there were gaps in some people's end of life care information. The registered manager told us people and their relatives were not always willing to discuss end of life care.

After the inspection, the registered manager told us end of life care had been discussed with people and their relatives, and it had been documented if people did not wish to talk about it.

At the time of the inspection staff were not supporting anyone who was at the end of their life. Staff had completed training in end of life care. District nursing teams, doctors and relevant other professionals supported end of life care provision.





# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

The provider did not have a fully supported management structure. The provider's system did not always effectively monitor the quality of care provided to drive improvements.

The provider had not consistently created a learning culture at the service to help them identify where things were not working well, and take steps to improve. There was no evidence to demonstrate the provider had learned from similar issues identified during an inspection of another care home owned by them, published in October 2022.

Quality assurance systems required further improvement. Audits had not identified the issues we found with risk assessments, infection control, care plans and medicines management. People's records were either not consistently completed, not up to date, or not in place.

We found no evidence people had been harmed, however, systems were either not in place or robust enough to demonstrate records and governance was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed the actions taken following our initial inspection feedback, to address the issues we identified.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

There was a positive and open culture at the service.

Staff held a handover meeting in between the evening and morning shift changes to discuss each person and any new issues arising in the night or day. A whistleblowing procedure was in place and staff knew how to use it. The majority of people we spoke with said they knew who the manager was, and they felt relaxed to speak to any other member of staff with any concerns.

The provider did not always have effective systems to provide person centred care that achieved good outcomes for people. There were gaps in people's records which the providers' auditing and monitoring

systems had not identified; this could result in people not receiving appropriate care and support.

Feedback from relatives was mixed. One relative told us, "Communication with the care home is not good. I had to keep asking for reports about [person]. I have never been asked for feedback or anything." A second relative said, "Communication could be better. I feel there is no structure; the staff do a lot of milling about. We did do a care plan with them [staff] when [person] first came in, but we have never been asked for any feedback or anything like that. If you say anything it doesn't seem to be acted upon."

Staff questionnaires were last completed in August 2022 and some staff meetings, other than the daily handover meeting, had been held. There were records from the last staff meeting held in May 2023, however, it was not clear how staff had contributed to this meeting. We could not determine any other formal staff meetings had been held, including meetings between senior staff members. A staff member told us, "I feel I have the support of the registered manager and deputy manager and all my staff team."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

The provider understood their responsibilities under the duty of candour.

The registered manager reported accidents, incidents and concerns to CQC and the local authority. Complaints audits showed explanations had been provided to any complainant.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

People and staff were not always involved in the running of the service and their protected characteristics were not always well understood.

Meetings with people and relatives were not regular and planned. A meeting with people had been held in July 2023, facilitated by the cook and the activities coordinator. Discussions included food menus and people were asked for their opinions.

We could not determine there was a formal and regular questionnaire process directly from the provider to people, relatives, and visitors. There were feedback leaflets for 'carehome.co.uk' in the entrance area and some recent feedback on the website.

The provider worked in partnership with others, including the local authority and other health and social care professionals to ensure people received appropriate support.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <p>There was no proper and safe management of medicines. Systems were either not in place or robust enough to demonstrate safety and records relating to risk was effectively managed. This placed people at risk of harm.</p> <p>This was a breach of Regulation 12 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user.</p> <p>This was a breach of Regulation 17(1)(2) of the</p>

